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COMPLIMENTS OF
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RHINOLITHS.

Read before the Section of Otology and Laryngology of the College
of Physicians of Philadelphia, February 6, 1894.

BY

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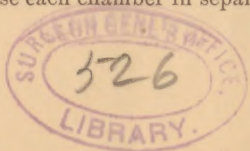
CASE I.—Miss M. A., aged twenty-eight, reported January 6, 1894, complaining of offensive odor of the breath, which had been the subject of solicitude with her from childhood. The amount of discharge was moderate in amount, not requiring the use of more than two or three handkerchiefs a day, and the offensive odor was more apparent to the patient than to any other person. She had been under the care of many physicians, and gave the names of four practitioners who had either given an opinion, or had had the patient under care for periods varying from a week to several months. One of these physicians stated that there was really nothing the matter, and that the patient was suffering from hypochondriasis; others pursued treatment by varieties of sprays, washes, etc., but without relief.

I found both nasal chambers much narrowed anteriorly, to such a degree, indeed, that a view beyond the vestibule was not obtained. Cocaine was carefully applied, but it was evident that the narrowing was not membranous. As is always my custom in such conditions, I recommended that the front part of the chambers be opened by digital divulsion.¹

This procedure was accomplished on the left side, it being the narrower chamber, on January 14, 1894. The patient reported January 16, and I detected a substance, whitish in color, which looked like the anterior edge of an old nasal polypus far back in the nasal chamber. A careful study of this region convinced me that the mass, instead of being of the character of a polypus, as I had at first supposed, was in reality a concretion. I could seize it with the forceps, and found it freely movable, but it was too large to be brought forward through the nostril or pushed back into the pharynx. It was also observed that everywhere the mass, except at the anterior edge, was black in color. Not being sure of its exact nature, and none of my instruments being strong enough to make any impression upon it, I made no further attempt to remove it at that sitting.

On January 23 I succeeded in breaking off a portion with a pair of

¹ Digital divulsion consists in forcing the tip of the little finger in the nostril on the level of the floor of the nose, or as near to it as is possible. Ether is administered in the first stage. The advantages claimed for this procedure are: 1. The increase of diameter of the nasal passage not only in the vestibule, but in many cases in the entire length of the nasal chamber. 2. A more free depletion of over-distended vessels than is possible in any other way. It is well to divulse each chamber in separate sittings, if the procedure be essayed in the office.



stout forceps, and a little while afterwards a large piece fell into the throat. The following day when the patient again reported she brought a second portion, which had also been removed by falling into the throat shortly after leaving my office.

The symptoms of which the patient complained were immediately relieved.

Submission of a small portion of the body to the action of dilute nitric acid produced effervescence, and the conversion of the fragment to a soft, mucoid mass. I infer from this that the mass is calcareous, and apparently belongs to the group of rhinoliths. The concretion measured thirty millimetres in one diameter and twenty-five in another. It was eight millimetres thick at its thickest part. The weight of the largest piece, after becoming dry, is 1.743 grammes; total weight, 2.43 grammes.



Rhinolith from Case I.
Supposed position of the
fragments (natural size).

This case is instructive from several points of view,—first, that physicians of ability and experience attributed to the imagination the presence of what was, in truth, a large rhinolith in the nasal chamber; second, that a condition ordinarily easy of diagnosis was made difficult by undue narrowing of the anterior part of the nasal chamber; when this condition was overcome, the cause of distress was readily detected; third, it is possible for a large calculus to remain for many years in the nose, and yet produce but slight irritation.

CASE II.—Mr. J. L. L., aged thirty-six, a highly cultivated man and a minister, reported May 9, 1893. He complained of constant dropping of mucus from the upper to the lower part of the throat, which interfered with the professional use of the voice. A history of a blow on the nose in the twelfth year was obtained. During a residence in San Francisco the patient had been treated by a physician who employed a drill in opening the left nasal passage. There had been for a long period violent morning cough, accompanied with expectoration of mucus, which was tenacious and often colored with products of suppuration. I removed a small bony spur from the left nasal chamber. On the following day the patient brought several rounded masses, the size of buck-shot, white in color, which appeared to be rhinoliths. On May 12 a second mass was brought down into the throat and preserved. I need not detail the separate instances in which these small, round concretions were expelled. I assume that altogether from May 9 to June 17 as many as twelve were brought to me. Unfortunately, these specimens were mislaid, and are no longer to be found. By the nitric-acid test they were shown to be calcareous in nature, and appeared to be productive of irritation, for from the date last named all catarrhal symptoms ceased, the natural character of the voice being restored, and the morning cough disappeared.

This case is less satisfactory than the foregoing, since none of the alleged concretions were removed by a medical man. Indeed, they were of a size permitting them to be thrust up the nasal passages by a person who wished to court notoriety or to excite sympathy. I gladly state that I never suspected this gentleman of any intention to deceive.

Nasal concretions, I assume, are rare. The large number of cases so far reported do not militate against the strength of this position; for the fact that the masses are infrequently met with in practice naturally induces practitioners to record their observations.

Apart from the fact that small foreign bodies serve to favor the deposition of the salts, little is known of the *etiology* of the bodies. True rhinoliths, as distinguished from foreign bodies which are more or less encrusted with calcareous deposit, are more apt to form in a narrowed nasal passage, though it is evidently the case that other associated causes are necessary, or they would be oftener met with in practice.

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